

APPLICATION FOR EMPLOYEE REGISTRATION CARD

This application can be used to apply for an initial employee registration card, a replacement card or to transfer a registration to a new employer/company. This application must include the Designated Certified Operator signature and indicate employee operational categories along with a **\$10.00 registration fee (only certified check or money order will be accepted)** made payable to the Georgia Department of Agriculture.

Name: _____ DOB: _____

Address: _____

Phone Number: _____

Email Address: _____

Currently Registered: Yes No (circle one)

*If yes – Employee Registration Number: _____

Employer/Company: _____

Company License Number: _____

Verification of Employment

To be completed by Designated Certified Operator

I verify that the above identified employee has met all requirements of employee registration as required by chapter 620-3-.02 of the Rules of the Georgia Structural Pest Control Act.

DCO Signature: _____ Date: _____

Print Name: _____ Certification Number: _____

Circle category(ies) in which employee operates: WDO HPC FUM

Mail application and fee for the Employee Registration card to the following address. The \$10.00 fee must be paid with a certified check or money order.

**Georgia Department of Agriculture
Structural Pest Control Section - Room 242
19 Martin Luther King Jr. Drive
Atlanta, GA 30334-4201**